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& TROPICAL DISEASES

# ANNUAL REPORT

OF THE

# SCHOOL MEDICAL OFFICER.

1930.

GRIMSBY:
ROBERTS & JACKSON, PRINTERS, 7A & 9 MAUDE STREET.

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TROPICAL DISEASES

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# To the Chairman and Members of the Education Committee of the Lindsey County Council.

---

Ladies and Gentlemen,

I beg to submit my Annual Report on the work of the School Medical Department for the year 1930. In form it is essentially the same as previous reports, and is arranged in accordance with the requirements of the Board of Education.

No special extension of the service has taken place during the year.

The difficulty experienced in the past, in finding suitable institutional accommodation for orthopædic cases requiring prolonged hospital treatment has been much less evident. It has been possible to obtain an increased number of vacancies in various hospitals throughout the Country. The provision of an additional eight beds, which the Committee have recently been able to reserve at the Harlow Wood Orthopædic Hospital, will further facilitate the working of the orthopædic scheme.

The need for an increased dental staff is again referred to in the report. At present it is only possible for the dentists to deal annually with a comparatively small proportion of the children attending Elementary Schools. The services of a number of additional Dentists are required if the dental service is to be made available for the whole of the school population.

My thanks are again due to the members of the staff, medical, dental, nursing, and clerical, for the tactful and efficient manner in which they have performed their duties throughout the year.

I have the honour to be

Your obedient Servant,

W. S. H. CAMPBELL.

County Offices,

Newland, Lincoln.

*March*, 1931.

# Statistics bearing on Medical Inspection.

| | | |
|---|---|---|
| Area of the County | Census 1921 | 959, 842 acres |
| Population | Census 1921 | 256,829 |

| | |
|---|---|
| Number of Schools | 312 |
| Provided | 117 |
| Non-provided | 195 |
| No. of Children on Books, 1930 | 38,401 |

Size of Schools—

| | |
|---|---|
| Number on books—Up to and including 50 | 111 |
| ,, between 50 and 150 | 145 |
| ,, ,, 150 and 550 | 42 |
| ,, ,, 550 and 850 | 7 |
| ,, ,, 850 and 1000 | 3 |
| ,, 1000 and over | 4 |

No. of School Attendance Officers—

| | |
|---|---|
| Whole time | 11 |
| Part time | 6 |

| | £ | s. | d. |
|---|---|---|---|
| Cost of Medical Inspection for the financial year ending 31st March, 1930 | 11,917 | 6 | 0 |

Receipts—

| | £ | s. | d. | £ | s. | d. |
|---|---|---|---|---|---|---|
| Contributions received from Parents | 408 | 1 | 0 | | | |
| Grant from Board of Education for same period | 5754 | 12 | 6 | | | |
| | | | | 6162 | 13 | 6 |
| Net cost to Education Committee | | | | £5754 | 13 | 6 |

| | | |
|---|---|---|
| Estimated Proportion of County Rates applicable to General Education | 1 | 11½ |
| Estimated Proportion of above for School Medical Inspection | | 1·03 |

1d. Rate for General County Purposes produced £5,555

# Staff of the School Medical Service, 1930.

*School Medical Officer* :

WILFRID S. H. CAMPBELL, M.B., Ch.B., D.P.H.

*Deputy School Medical Officer* :—

ANNIE T. BRUNYATE, M.D., B.S., D.P.H.

*Assistant School Medical Officers* :

JOHN EDWARD GAINS, M.R.C.S., L.R.C.P. (Lond.)
W. T. HENDERSON, M.B., B.Ch., B.A.O., D.P.H.
JAMES HAY CLARKE, M.A., M.D., D.T.M. & H., D.P.H.
ROBERT GEORGE H. TATE, M.D., D.P.H., B.A.O.
A. T. W. POWELL, M.B., B.Ch., B.P.H. (Resigned 30th June, 1930).
WILLIAM B. STOTT, L.R.C.P. & S., D.P.H.
JOHN C. MACARTNEY, M.D., D.P.H. (Appointed 3rd September, 1930).
GERTRUDE D. MACLAREN, M.B., Ch.B., D.P.H.
VIOLET B. TULLOCH, M.B., Ch.B., D.P.H.
ELIZABETH F. M. CLARK, M.B., Ch.B., D.P.H. (Appointed 1st March, 1930).

*Orthopædic Surgeons* :

ROBERT BLACK PURVES, D.S.O., F.R.C.S.E. (Part time).
EDWARD JOCELYN BILCLIFFE, F.R.C.S.E. (Part time).

*Dental Surgeons* :

HENRY KINNEAR OVEY, L.D.S., R.C.S. (Eng.)
EVAN ELWIN LEWIS, D.D.S. (Resigned 2nd December, 1930).
ANNABEL K. S. WADDELL, L.D.S.
AGNES F. MILLER, L.R.C.P. & S., L.D.S. (Appointed 1st January, 1930).

## Nursing Staff.

Superintendent—Miss D. KINSELLE (Part-time).
Asst. Supt.—Miss A. GRAHAM (Part-time).

| | | |
|---|---|---|
| Miss E. JENKINSON | Miss E. CLARKE | Miss L. TOWNSHEND |
| Miss V. WALKER | Mrs. SHEPHERD | Miss G. FAIRHEAD |
| Miss C. CLARK | Miss H. FISHER | Miss E. BUCKLEY |
| Miss C. REYNOLDS | Miss L. ROSE | Miss M. RICHARDSON |
| Miss M. WALLER | Miss E. N. SMITH | Mrs. SMITH |
| Miss F. HERBERT | Mrs. DOHERTY | Miss A. YOUNG |
| Miss A. GREEN | Mrs. TURNER | Miss N. HINCH |
| Miss T. GUINAN | Mrs. LONGMIRE | Mrs. BULL |
| Miss L. LANGTON | Miss M. POUND | Miss K. COHEN |
| Miss V. ROGERS | Miss M. WALES | Miss A. FRY |

In addition 52 part-time nurses are provided by the Lincolnshire Nursing Association.

*Orthopædic Nurses*—Miss B. I. Bausor, Miss J. Jones.

*Infectious Diseases Nurses*—Miss J. McNeil, Miss Lawrence, Miss E. Jones (Part Time).

*Dental Attendants*—Miss B. Hussey, Miss M. Heathcote, Miss W. A. Hyde, Miss Brudenall.

*Chief Clerk*—Horace Lee.

## Co-Ordination.

Under the County Council's Maternity and Child Welfare Scheme, children are followed up from birth to five years of age. The records are forwarded to the medical inspectors for their information when medically inspecting the children as entrants in the elementary schools.

As the nurse responsible for the care of children under five years of age is also the school nurse, there is effective co-ordination of both branches of the work.

The School Medical Officer being also County Medical Officer, and as the Assistant School Medical Officers are also Tuberculosis Officers, there is close co-ordination between the School Medical and other Health Services.

At Cleethorpes, Scunthorpe, and in the Grimsby Rural District, the local health services are further correlated with the School Medical Service in that the Medical Officers of Health of these districts are Assistant County Medical Officers, and are responsible for the school medical work in their respective areas.

For school attendance purposes the names of all children known to the Health Department are forwarded to the Director one month prior to their attaining the age of five years.

Certificates issued by private medical practitioners in respect of children absent from school through ill health are sent to the school medical officers for their information when carrying out medical inspections.

## The School Medical Service in relation to Public Elementary Schools.

### Hygienic Condition of Schools.

Steady progress in this County is being made in carrying out improvements to existing buildings and in the erection of new schools. From 1902 until the end of the year 1930 the Local Education Authority

have erected about 40 entirely new Elementary Schools, and have enlarged and improved about 36 others. In the year under review new Schools were completed at Gainsborough and Donington-on-Bain, while considerable additions and alterations were made to the Louth (Kidgate), Hainton, Scunthorpe (Doncaster Road), and Appleby Schools. Extensive additions and alterations are also in progress at the Henderson Avenue School, Scunthorpe. Entirely new schools are in course of construction at Skegness, Bottesford and Scotter, and it is hoped that the building of the new school at Parker Street, Cleethorpes, will be commenced during the coming year. Improvements to the Boys' School, Ashby, Scunthorpe, to the St. John's School, Gainsborough, and to the school at Morton are all under consideration.

The Education Committee are continuing the development of the open air type of school. All the new schools are designed on these lines, either with a single or double verandah ; also in the improvements or alterations to old buildings this principle is introduced where practicable.

Many of the rural schools in the area are old and do not easily lend themselves to re-construction. Even in those where any extensive alteration is impracticable much can frequently be done to improve the more glaring defects, especially those in connection with heating, lighting or ventilation.

Medical Inspectors continue to report specially on the sanitary and hygienic, i.e., condition of each school visited. As a result in 1930, 154 defects were brought to the notice of the Education Committee or the School Managers. Of these 61 were remedied by the end of the year. In addition to those notified by the Medical Officers 206 defects, chiefly in connection with the disrepair of school premises and playgrounds, were reported by His Majesty's Inspector, the Committee's Inspector, and others. All of which have received attention.

School furniture is also a matter receiving consideration. The new schools are, of course, fitted with modern desks or tables. In the old schools the obselete type of desk is fast disappearing. For replacement purposes 451 dual desks and 249 desk tables were provided during the year. In the past 4 years, 2758 dual desks and 1,302 tables have, largely owing to the energy of Mr. Twidale, the Committee's Inspector, been supplied to schools of the County.

**Teaching of Hygiene in Schools.**

In January of this year the Board of Education instituted an enquiry with a view to obtaining further information as to the extent and character of the practice and teaching of hygiene in schools. The results of this enquiry were published in the report of the Chief Medical Officer to the Board, and show that very little systematic Instruction in hygiene is given in either elementary or secondary schools.

In Lindsey the enquiry extended to 19 schools or departments, and the results do not differ materially from those found in schools throughout the country generally. In some no instruction is given at all, in others the time given to the subject is too short. In some again it is given to one section of the children and not to others. As a rule only one copy of the Syllabus of Hygiene is available in each school. From the information obtained from the enquiry it would seem desirable that early steps should be taken to place the teaching of this subject on a more uniform and satisfactory basis.

Commenting on the result of the enquiry, and the need for improvement, Sir George Newman, the Board's Medical Officer, states: "First, the teacher must be properly trained to teach in this subject as in others. Secondly, he must have a scheme, programme, syllabus or whatever it may be called. Thirdly, he must be required by his Authority to teach the subject, and suitable provision must be made for it in the Curriculum of every school."

# HYGIENE.

## PARTICULARS OF DEFECTS DEALT WITH DURING 1930.

| | Lighting | Ventilation | Overcrowding | Cloakroom Accommodation | Washing Arrangements | Water Supply | Sanitary Conveniences. | Playground | Cleaning | Choked & Leaky Gutters | General Repairs | Decoration | Refuse Disposal | Heating | Damp | Drains | Smoking Chimney | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Defects found by Medical Inspectors and reported to Managers or Director of Education .. .. | 5 | 20 | 1 | 2 | 8 | 10 | 25 | 12 | 19 | 1 | 19 | 2 | 5 | 16 | 3 | 6 | — | 154 |
| Number of above defects remedied at end of year .. | 1 | 9 | — | 1 | 3 | 3 | 9 | 5 | 7 | 1 | 11 | 1 | 3 | 6 | — | 1 | — | 61 |
| Defects remedied otherwise than through the School Medical Department .. .. .. | 3 | 4 | 1 | 2 | 3 | 5 | 6 | 55 | — | — | 83 | 30 | — | 13 | — | 1 | — | 206 |
| Total Defects Remedied .. .. .. .. | 4 | 13 | 1 | 3 | 6 | 8 | 15 | 60 | 7 | 1 | 94 | 31 | 3 | 19 | — | 2 | — | 267 |

## Medical Inspection.

The routine medical inspection of children in elementary schools has been carried out in accordance with the requirements of the Board of Education.

The County Council employ six Assistant Medical Officers, giving approximately one-third of their time to the School Medical Service. Each officer is allotted a portion of the County in which he is responsible for the work of medical inspection. For this purpose urban schools are visited twice and rural schools once during the year. Children are examined as a routine at the ages of 5, 8 and 12 years. In addition a large number of children are brought forward for examination as "specials." These are children about whose health or physical or mental condition the teacher or nurse has reason to be concerned, and include those known to have been absent from school through ill-health since the last medical inspection. Also children found with defects on previous occasions are re-examined at each subsequent visit until the Medical Officer considers that supervision or treatment is no longer required.

In one respect the administrative arrangements for the carrying out of medical inspection have been altered during the year.

In the past the procedure has been to keep the medical schedules of all children, excepting those under supervision and treatment at the schools. This system has frequently given rise to difficulty. The onus of bringing forward children due for examination lies on the teacher, and instances of children being missed were not infrequent. Further, when children left or were transferred to other schools the medical records were not always sent with them, resulting in much unnecessary inconvenience. In some instances the records disappeared completely, and it was not always an easy matter to say who was responsible. A further difficulty was that the records were not readily available in the office if required.

These schedules are now filed in the office, and are in charge of the clerk responsible for medical inspection, whose duty it also is to ascertain the children due for examination at any particular inspection, and to send the records to the teacher at least a week before the date of the Medical Officer's visit. While this arrangement entails a considerable amount of additional work on the part of the clerical staff, experience during the short time it has been working shows that the change was amply justified.

At few of the schools in the County is any accommodation specially provided for the use of the medical, nursing or dental staff. The facilities vary greatly at different schools. The teachers have, however, co-operated wholeheartedly in making the best arrangements possible,

frequently at considerable inconvenience to themselves. At the larger schools it is usually possible for the Medical Officer to have use of a teacher's room. At others one of the smaller classrooms is cleared for the purpose. In the small country schools medical inspection is not infrequently carried out under circumstances trying both to the Medical Officer and to the teacher. To appreciate some of these difficulties one has only to visualise the doctor, for want of better accommodation, relegated to a corner of the class room, and separated by a much improvised screen from the teacher, trying to control an unusually inquisitive class to which has been added a number of waiting mothers, who persist in discussing their domestic affairs in general, and the medical histories of their families in particular. Under such conditions the examination of chest and heart cases is particularly difficult. In these cases a subsequent visit by the mother and child to the School Clinic for further examination is often required.

In 1930 the number of elementary school children examined in the routine age groups was 12,172. In addition there were 896 special and 12,521 re-examinations.

## Findings at Medical Inspection.

Of the 12,172 Routine Inspections 1919, or 16·23% of the children examined, were found to have defects requiring treatment. These figures do not include dental defects or uncleanliness.

### Uncleanliness (Pediculosis).

In connection with uncleanliness the nurses made an average of 3·7 visits to each school. The children inspected numbered 38,492, of which 5·28% were found to be verminous. The total examinations made by the nurses, including re-examinations, was 73,688.

There has been a marked improvement in the condition of the children as regards this particular complaint during the past 10 years, as shown by the following figures :—

| Year | Percentage of Children examined found to be verminous | Year | Percentage of Children examined found to be verminous |
|---|---|---|---|
| 1921 | 10·88 | 1926 | 5·49 |
| 1922 | 10·25 | 1927 | 4·36 |
| 1923 | 7·99 | 1928 | 5·36 |
| 1924 | 6·73 | 1929 | 4·42 |
| 1925 | 4·91 | 1930 | 5·28 |

Legal proceedings were not taken in any case during the year, the warning notice issued to parents usually having the desired effect. It not infrequently happens, however, that in certain families one or more of the children found to be verminous at one inspection and cleaned, are again

found to be verminous at a subsequent inspection. These families, where neglect is evident, are well-known to the nurse, and are kept under close supervision.

**Malnutrition.**

Compared with last year there is a marked reduction in the number of children reported defective. Under this heading 120 being referred for treatment as against 219 in 1929.

**Enlarged Tonsils and Adenoids.**

There were 1,342 or 11% of the children examined found at medical inspections to have enlarged tonsils and adenoids, of whom 603 required treatment, and 739 were referred for observation. The numbers for the previous five years are as follows :—

| | No. of Children Examined | No. requiring Treatment | % | No. referred for Observation | % |
|---|---|---|---|---|---|
| 1925 | 13,280 | 485 | 3·65 | 1,173 | 8·83 |
| 1926 | 13,118 | 583 | 4·44 | 1,273 | 9·7 |
| 1927 | 13,207 | 531 | 4·02 | 1,217 | 9·21 |
| 1928 | 12,300 | 631 | 5·13 | 919 | 7·49 |
| 1929 | 13,581 | 827 | 6·09 | 1,132 | 8·33 |
| 1930 | 12,172 | 603 | 4·95 | 739 | 6·07 |

**Tuberculosis.**

Five of the children examined in the routine age groups were diagnosed as suffering from definite pulmonary tuberculosis, while 33 others presenting signs or symptoms pointing to the presence of this disease were referred for further observation. The number of non-pulmonary cases of tuberculosis found as the result of medical inspection was 13.

**Skin Diseases.**

121 cases of skin disease were referred for treatment and 13 for observation.

Ringworm was found to be much less prevalent, only 18 cases being recorded, as compared with an average of 30 for the past 10 years. Impetigo also showed a marked reduction, 59 cases being found at medical inspections, which is nearly half the number recorded for 1929.

**External Eye Disease.**

Blepharitis (Inflammation of eyelids) again accounts for the majority of cases under this heading. The number of cases was 48. In the previous year it was 102.

**Defective Vision and Squint.**

489 children with defective eyesight were referred for treatment, while an additional 309 cases required to be kept under supervision. The incidence of defective vision and squint amongst the children examined in the routine age groups was, therefore, 6·5%.

**Ear Disease and Hearing.**

Defective hearing was noted in 117 cases, of which 40 required treatment. There were 47 cases of middle ear disease, 32 being referred for treatment.

**Dental Defects.**

The medical inspectors refer only cases of gross dental disease to the school dentist for treatment. The number so referred during the year was 315.

**Heart Disease.**

There were 71 children found at medical Inspection to have heart disease, 7 required treatment, and 64 were placed under observation.

**Nervous Diseases.**

The cases recorded under this heading during the year were : 11 cases of epilepsy, 69 chorea, and 34 of other diseases.

**Crippling Defects.**

There were 27 cases of rickets notified, 11 of which required treatment. There were only 2 cases of spinal curvature. Miscellaneous deformities numbered 57, referred for treatment 29, and placed under observation 28.

## Infectious Diseases.

Head teachers notify all cases or suspected cases of infectious disease to the School Medical Officer, and also to the District Medical Officer of Health.

Printed instructions are provided for the guidance of teachers in dealing with cases of infectious disease and contacts. Teachers are, if necessary, also specially advised regarding specific outbreaks in the school. When an infectious disease is suspected of being spread through the agency of children attending school an enquiry is carried out by one of the Committee's Medical Officers, who visits the school, and if thought desirable the home also. The Local Medical Officer of Health is consulted, and any steps to be taken are carried out with his co-operation. The arrangements at Scunthorpe and Cleethorpes, where the Medical

Officers of Health is also Assistant School Medical Officer, have proved of much value in dealing with infectious disease in the schools of these areas.

The Education Committee share with other Committees the services of two "Fever Nurses," who visit cases of measles, whooping cough, and minor infectious diseases in their homes, and advise the parents as to nursing and as to the steps to be taken to prevent the spread of infection.

The following table gives the number of notifications of each disease received from head teachers throughout the year, and also the number of children, who, although not suffering from infection, were excluded on account of the presence of infectious disease in the home :—

| | No. of exclusions on account of Infectious Disease in house. | Scarlet Fever | Diphtheria | Measles | Whooping Cough | Chicken-pox | Mumps | German Measles | Impetigo | Ringworm | Scabies | Influenza | Small-Pox | Poliomyelitis | Typhoid Fever | Cerebro-Spinal Meningitis | Other Diseases | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| January .. | 101 | 51 | 2 | 106 | 134 | 1 | 51 | 1 | 20 | 12 | – | 1 | – | – | – | — | 1 | 380 |
| February | 77 | 29 | 18 | 83 | 81 | 12 | 57 | 4 | 12 | 12 | 2 | 2 | – | – | – | — | – | 312 |
| March .. | 123 | 17 | 13 | 56 | 129 | 95 | 199 | 6 | 10 | 7 | 1 | 18 | – | – | – | — | 5 | 556 |
| April .. | 82 | 21 | 4 | 75 | 104 | 68 | 87 | 8 | 9 | 9 | 1 | 3 | – | – | – | — | 3 | 392 |
| May .. | 100 | 10 | 2 | 88 | 74 | 127 | 116 | 31 | 19 | 4 | 11 | 31 | – | – | – | — | 13 | 526 |
| June .. | 84 | 13 | 7 | 61 | 53 | 91 | 99 | 20 | 14 | 3 | – | – | – | – | 1 | — | 2 | 364 |
| July .. | 71 | 4 | 2 | 17 | 28 | 53 | 50 | 11 | 9 | 3 | – | – | – | – | – | — | 6 | 183 |
| August .. | 13 | 3 | — | 16 | 4 | 6 | 6 | — | 3 | 1 | – | – | – | – | 1 | — | 1 | 41 |
| September | 66 | 16 | 5 | 22 | 59 | 28 | 67 | 1 | 30 | 10 | 1 | 5 | – | – | – | — | 1 | 245 |
| October .. | 69 | 14 | 1 | 22 | 20 | 55 | 17 | 5 | 37 | 8 | 2 | 2 | 17 | 4 | – | 1 | – | 205 |
| November | 88 | 11 | — | 171 | 33 | 76 | 11 | 4 | 21 | 4 | 1 | 6 | – | 2 | – | — | 1 | 341 |
| December | 124 | 9 | 5 | 202 | 23 | 145 | 47 | 1 | 26 | 2 | 3 | 1 | 1 | 6 | – | — | 4 | 475 |
| Total .. | 998 | 198 | 59 | 919 | 742 | 757 | 807 | 92 | 210 | 75 | 22 | 69 | 18 | 12 | 2 | 1 | 37 | 4020 |

The number of cases of the various infectious diseases visited by the two special nurses was as follows :—

| *Disease.* | *Cases.* | *Visits.* |
|---|---|---|
| Measles .. .. .. | 229 | 226 |
| Whooping Cough .. .. | 620 | 579 |
| Chicken Pox .. .. | 425 | 384 |
| Mumps .. .. .. | 351 | 321 |
| German Measles .. .. | 29 | 29 |
| Scarlet Fever Contacts .. | 4 | 2 |
| Septic Conditions .. .. | 5 | 5 |
| Ringworm .. .. | 3 | 3 |
| Impetigo .. .. .. | 3 | 2 |
| Croup .. .. .. | 1 | 1 |
| Total .. .. | 1670 | 1552 |

## School Closures.

During the year 22 schools or departments were closed to prevent the spread of infectious diseases, 18 on the advice of the district Medical Officer of Health, and 4 on that of the School Medical Officer.

The frequency with which applications are received from teachers, managers and others to have schools closed because of the prevalence of an infectious disease leads to the conclusion that the grounds on which closure may be advised by the School Medical Officer is not yet fully realised. The Board of Education in the Memorandum on Closure of and Exclusion from School points out that if the power to exclude individual children be used to the best advantage it is only in special and quite exceptional cases that it will be necessary to close a school in the interests of public health.

Closure is not justifiable unless it can reasonably be expected to check the spread of infection. The School Medical Officer has no power to advise closure because of a reduced attendance, however low the latter may have fallen.

In calculating the average attendance of a school or department for the purpose of the Board's Grant, allowance is made for any meetings missed through closure by the Local Sanitary Authority, or closure under the advice or with the approval of the School Medical Officer, given on the ground that closure is necessary for medical reasons.

Also when the attendance of a department has fallen in any week below 60% of the number of children on the register, and the Local Education Authority are satisfied by a certificate of the School Medical Officer that the fall may reasonably be attributed to the prevalence of epidemic illness, the meetings and attendances of the week may, in calculating average attendance, be omitted as not being recognised under the Board's Code of Regulations.

Particulars of School Closures and of Certificates granted on account of reduced attendance are given as follows :—

| Reason for Closure | School or Depts. | Closures by M.O.H. | Closures by S.M.O. |
|---|---|---|---|
| Scarlet Fever .. .. .. .. | 2 | 2 | — |
| Measles .. .. .. .. .. | 7 | 4 | 3 |
| Whooping Cough .. .. .. .. | 5 | 5 | — |
| Chicken-Pox .. .. .. .. | 1 | — | 1 |
| Measles, Scarlet Fever, & Whooping Cough | 1 | 1 | — |
| Acute Poliomyelitis .. .. .. | 4 | 4 | — |
| Diphtheria.. .. .. .. .. | 1 | 1 | — |
| Smallpox .. .. .. .. .. | 1 | 1 | — |
| Total .. .. .. | 22 | 18 | 4 |

Certificates issued during the year under Rule 23, 2 (a) of the Code.

| Nature of Disease. | No. of Certificates issued. |
|---|---|
| Measles | 33 |
| Whooping Cough | 18 |
| Chicken-pox | 25 |
| Mumps | 9 |
| Influenza | 4 |
| Whooping Cough and Scarlet Fever | 5 |
| Scarlet Fever | 3 |
| Severe Coughs and Colds | 1 |
| Influenza and Diphtheria | 2 |
| Mumps, Colds, Bronchitis, and Pneumonia | 3 |
| Chicken-pox, Coughs and Colds | 5 |
| Colds | 1 |
| Measles and Influenza | 1 |
| Coughs, Colds, and Diphtheria | 5 |
| Whooping Cough, Chicken-pox and Influenza | 1 |
| Whooping Cough and Chicken-pox | 1 |
| Whooping Cough and Mumps | 3 |
| Acute Poliomyelitis (Infantile Paralysis) | 2 |
| Smallpox | 3 |
| Total certificates issued | 125 |
| Number of Schools to which certificates were issued | 57 |

## Following up.

When a child is found at the medical inspection to have a defect requiring treatment, the next duty is to see that treatment is obtained. The need for treatment is explained by the Medical Officer to the parents who attend at the time of examination. Notices are also sent to the parents of all children requiring treatment informing them of the nature of the defect, and pointing out the necessity for treatment and how it can be obtained. Where necessary the nurses make frequent visits to the homes for the purpose of further explaining the need for treatment, and to persuade the parents to have the recommendations carried out. They also assist in making the necessary arrangements in connection with treatment.

The friendly co-operation of the teachers is our greatest asset in convincing indifferent parents as to the desirability of procuring treatment. But for the influence of the teachers in this direction treatment would in many cases be very much delayed or even abandoned.

For following-up purposes the nurses make 15,092 home visits during the year.

# Medical Treatment.

Treatment for defects found in school children is available through private practitioners, the voluntary hospitals, and through the various schemes provided by the Committee.

Parents contribute towards the cost of treatment provided by the Committee according to their means. During the year 1930 the amounts received were as follows :—

| | £ | s. | d. |
|---|---|---|---|
| Drugs at school clinics .. .. .. .. .. | 92 | 7 | 4 |
| Operations for tonsils and adenoids .. .. .. | 106 | 13 | 10 |
| Provision of spectacles (necessitous cases) .. .. | 3 | 5 | 3 |
| Dental charges .. .. .. .. .. .. | 137 | 7 | 0 |
| Sale of tooth brushes .. .. .. .. .. | 14 | 13 | 2 |
| Open-air education .. .. .. .. .. .. | 23 | 5 | 4 |
| | £377 | 11 | 11 |

**Minor Ailments.**

Clinics for the treatment of minor ailments have been established at 14 Centres in the County, particulars of which will be found on page 22.

Children are sent for treatment by the School Medical Officers, private practitioners, nurses, teachers, school attendance officers, parents and voluntary workers.

Each centre is in charge of a medical officer assisted by one or more of the school nurses. Clinics are held once weekly by the Medical Officer. Owing, however, to the large number of children requiring to be dealt with at Gainsborough, Louth, Scunthorpe and Cleethorpes, the nurses, in addition, hold a daily treatment clinic at these centres.

In the course of the year 1,579 cases of minor ailments received treatment under the Authority's Scheme, viz. :—Skin Disease 725, Minor Eye Defects 169, Ear Defects 206, Miscellaneous 479.

**Tonsils and Adenoids.**

In 1930, 377 operations for the removal of tonsils and adenoids were performed under the Local Authority's Scheme. The number dealt with at each centre was :—

| | |
|---|---|
| Barton-on-Humber .. .. .. | 19 |
| Grimsby .. .. .. .. | 47 |
| Gainsborough .. .. .. | 63 |
| Lincoln .. .. .. .. | 47 |
| Louth .. .. .. .. | 89 |
| Scunthorpe .. .. .. .. | 38 |
| Spilsby .. .. .. .. | 51 |
| Skegness .. .. .. .. | 23 |

In addition to those referred to above 205 children were operated on by private arrangement, either by local practitioners or through the Voluntary Hospitals.

Other forms of treatment were provided for 272 cases in which operation was not considered necessary.

**Defective Vision and Squint.**

Special Clinics for the treatment of eye defects are held at Barton-on-Humber, Brigg, Cleethorpes, Gainsborough, Horncastle, Louth, Lincoln, Market Rasen, Scunthorpe and Spilsby.

Cases of defective vision due to errors in refraction are referred by the school medical inspectors to the eye clinics, where refraction is performed by the Medical Officer in charge and glasses prescribed if found to be required. When spectacles have been obtained a further examination is made at the clinic to ensure that they are satisfactory. Children whose vision necessitates the wearing of glasses are kept under supervision until the school leaving age is reached, and as far as possible each child is re-examined yearly by the doctor at the eye clinic.

The Committee have made arrangements with three ophthalmic specialists in the County to see cases presenting difficulties in regard to either diagnosis or treatment and which cannot be satisfactorily dealt with at the clinics.

In the year under review 956 cases of errors of refractions were dealt with, 764 under the Education Committee's Scheme, and 192 through other channels.

Spectacles were prescribed for 837 children, and were actually obtained by 703, or 83·9% of those for whom they were ordered. 13 special cases were referred to the Ophthalmic Specialist for an opinion.

**Tuberculosis.**

Children suffering from or suspected to be suffering from any form of Tuberculosis are referred for treatment under the County Council's Tuberculosis Scheme, so that they may be kept under observation at the dispensary, or, if necessary, sent to an institution for treatment or observation.

Cases of pulmonary tuberculosis in need of sanatorium treatment are sent to the County Sanatorium at Branston, which has 35 beds for children.

Non-pulmonary cases, that is tuberculosis of bones, joints, glands, skin, abdominal organs, &c., are sent to suitable Institutions in various parts of the Country.

During 1930, 55 children suffering from definite pulmonary tuberculosis, and 17 cases of suspected pulmonary tuberculosis, received sanatorium treatment. The non-pulmonary cases treated in hospitals for surgical tuberculosis numbered 46.

At the Council's tuberculosis dispensaries there attended for examination and advice 285 school children, of which 151 were found to be tubercular.

**Skin Diseases.**

A large number of cases of skin disease are treated annually at the school clinics. Particulars as to the number treated are given under the heading "Minor Ailments."

**Dental Defects.**

The County Council employ four whole time dental surgeons, who give half their time to school dental work. This means that the Education Committee have the equivalent of two whole time dentists to deal with a school population of about 38,000. When it is realised that a dentist giving his whole time to school work can deal effectively with not more than 4000 children annually, including inspection and treatment when necessary, the limitation of the scheme as it at present exists will be obvious.

The need for an increased dental staff was referred to in my report last year. The Board of Education has suggested that, having regard to the number of children in the area, six additional dentists are required.

With the present limited staff the practice in this County is to subject only those children to inspection whose parents have previously consented to treatment if it is found to be necessary. Under this arrangement approximately 50% of the parents give such consent.

During the year the dentists devoted 801 half days to school work. 5,977 children were inspected, of which number 5,378, or 89·9%, needed treatment. Treatment was actually given to 5,285 children, that is 98·2% of those found to require it.

**Crippling Defects and Orthopædics.**

Under the Council's Orthopædic Scheme, 223 school children suffering from crippling defects were under treatment during the course of the year. The Orthopædic Surgeon held 53 clinics, at which there were 500 attendances. There were in addition 4,420 attendances at the intermediate clinics held by the orthopædic nurses.

Institutional treatment was provided for 75 cases, as compared with 60 in 1929.

The County Council have reserved 8 beds at the Harlow Wood Hospital, in Nottinghamshire. This brings the number of beds reserved up to 20, 8 for short stay cases at the County Hospital, Lincoln, and for cases needing prolonged treatment, 4 at Gringley-on-the-Hill, and 8 at

Harlow Wood. The increased number of beds available is already having a very appreciable effect in reducing the number of cases on the waiting list for Institutions.

## CASES SEEN BY ORTHOPAEDIC SURGEON.

| Clinic. | No. of clinics held | No. of Cases | Attendances | Rickets | Spinal Curvature | Club Foot | Claw Foot | Flat Foot | Torticollis | Poliomyelitis | Paralysis | Congenital defects | Tuberculosis | Other Forms |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lincoln .. | 4 | 20 | 36 | 1 | 3 | 2 | — | — | — | 4 | 3 | 1 | 2 | 3 |
| Cleethorpes .. | 11 | 40 | 92 | — | 1 | 4 | 1 | 2 | 1 | 14 | 5 | 1 | 4 | 5 |
| Gainsborough .. | 11 | 33 | 99 | — | 3 | 3 | 3 | — | 1 | 7 | 1 | 2 | 2 | 9 |
| Louth .. | 5 | 30 | 64 | 1 | 1 | 2 | 3 | 1 | — | 7 | 1 | 2 | 6 | 6 |
| Scunthorpe .. | 12 | 73 | 137 | — | 10 | 4 | 3 | 2 | — | 23 | 2 | 4 | 3 | 19 |
| Spilsby .. | 10 | 27 | 72 | — | — | 3 | 2 | 1 | 2 | 10 | 1 | 3 | 4 | 1 |
| Total .. | 53 | 223 | 500 | 2 | 18 | 18 | 12 | 6 | 4 | 65 | 13 | 13 | 21 | 43 |

Attendances of School Children at intermediate Orthopædic Clinics during 1930.

| | |
|---|---|
| Tuberculous .. .. .. .. .. | 76 |
| Non-tuberculous .. .. .. .. | 4344 |
| | 4420 |

## CASES IN INSTITUTIONS DURING 1930.

| Institution | Total | Rickets | Spinal Curvature | Club Foot | Claw Foot | Flat Foot | Torticollis | Poliomyelitis | Paralysis | Cong. Defects | Tuberculosis | Other Forms |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| St. Roses School, Stroud | 1 | — | — | — | — | — | — | 1 | — | — | — | — |
| Gringley Children's Hos. | 18 | — | 1 | — | — | — | — | — | 1 | — | 16 | — |
| Lincoln County Hosp. | 54 | — | — | 9 | 2 | — | 3 | 17 | 2 | 4 | 7 | 10 |
| National Orthopædic Hospital .. .. | 2 | — | — | — | — | — | — | 1 | — | — | — | 1 |
| Margate Sea Bathing Hospital | 2 | — | — | — | — | — | — | — | — | — | 1 | 1 |
| West Kirby .. .. | 1 | — | — | — | — | — | — | 1 | — | — | — | — |
| Lord Mayor Treloar Cripples' Hospital .. | 3 | — | — | — | — | — | — | — | — | — | 3 | — |
| Shropshire Orthopædic Hospital .. .. | 2 | — | — | — | — | — | — | — | 2 | — | — | — |
| Manfield Ortho. Hosp. | 1 | — | — | — | — | — | — | — | — | — | — | 1 |
| Addenbrook Hospital .. | 1 | — | — | — | — | — | — | — | — | — | — | 1 |
| Harlow Wood .. .. | 9 | — | — | — | — | — | — | 3 | 1 | — | 4 | 1 |
| Total .. .. | 94 | — | 1 | 9 | 2 | — | 3 | 23 | 6 | 4 | 31 | 15 |

### Artificial Sunlight.

Mercury Vapour Lamps have been installed at the clinic premises at Cleethorpes, Gainsborough, Louth and Scunthorpe. Treatment is given to school children on the recommendation of the School Medical Officers.

## TABLE OF SCHOOL CLINICS.

| Clinic | Address | Attended by Assistant School Medical Officer and Nurse. | Attended by Assistant School Medical Officer (Infant Welfare) and Nurse. |
|---|---|---|---|
| Ashby .. | Wesleyan Schoolroom, High St., Ashby | | Tues. fortnightly at 2.15 p.m. Dr. Tulloch |
| Barton-on-Humber | 50 Holydyke, Barton-on-Humber | Mondays, 10.30 a.m. Dr. Henderson | |
| Brigg .. | The Cedars, Bigby Road, Brigg | Thursdays, 10 a.m. Dr. Henderson | |
| Cleethorpes .. | St. Hugh's Avenue, Cleethorpes | Wednesdays, 10 a.m. Dr. Stott | |
| Gainsborough .. | 1 Popplewells Row, Bridge St., Gainsboro' | Tuesdays, 2 p.m. to 4 p.m. Dr. Macartney | |
| Horncastle .. | Rolleston House, Horncastle | Thursdays, 10.30 a.m. Dr. Tate | |
| Immingham .. | Parish Mission, Pelham Rd., Immingham | | Mondays, fortnightly, 2.30 p.m. Dr. E. F. M. Clarke |
| Laceby .. | Temperance Hall, Laceby | | Fridays, monthly, 2 p.m. Dr. E. F. M. Clarke |
| Lincoln .. | Beaumont House, Beaumont Fee, Lincoln | Fridays, 10.30 a.m. Dr. Gains | |
| Louth .. | 32 Queen Street, Louth | Wednesdays, 2 p.m. Dr. Tate | |
| Market Rasen .. | 18 King Street, Market Rasen | Tuesdays, 10.30 a.m. Dr. Henderson | |
| Scunthorpe .. | Parkinson Avenue, Scunthorpe | Fridays, 10 a.m. Dr. Clarke | |
| Spilsby | 2 West End Villas, Spilsby | Mondays, 10 a.m. to 1.30 p.m. Dr. Tate | |
| Winteringham .. | Temperance Hall, Winteringham | | Thurs., monthly, 2.15 p.m. Dr. Tulloch |

## SCHOOL CLINICS (MEDICAL OFFICER'S CONSULTATIONS)

| Clinic | Ashby | Barton | Brigg | Cleethorpes | Gainsborough | Horncastle | Immingham | Lincoln | Louth | Market Rasen | Scunthorpe | Spilsby | Winteringham |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| No. of Children | 22 | 237 | 241 | 450 | 544 | 67 | 43 | 116 | 287 | 121 | 845 | 94 | 12 |
| Total attendances | 62 | 1011 | 1051 | 1229 | 1528 | 154 | 146 | 320 | 599 | 455 | 1863 | 189 | 25 |
| No. of times Clinic open | 19 | 48 | 50 | 50 | 52 | 48 | 22 | 50 | 50 | 50 | 46 | 44 | 8 |
| Average attendance | 3 | 21 | 21 | 25 | 29 | 3 | 7 | 6 | 12 | 9 | 41 | 4 | 3 |

## NURSE'S INTERMEDIATE TREATMENT CLINICS.

| Clinic | Cleethorpes | Louth | Scunthorpe | Gainsboro' Popplewells Row | Gainsboro' Gladstone Street |
|---|---|---|---|---|---|
| No. of Children | 126 | 417 | 733 | 530 | 187 |
| Total attendances | 866 | 3066 | 6170 | 4658 | 1597 |
| No. of times Clinic open | 159 | 232 | 235 | 256 | 184 |
| Average attendance | 5 | 13 | 26 | 18 | 9 |

## Open-Air Education.

The Open-air School at Louth is still the only institution of the kind in the County. It was established 13 years ago, and is a temporary wood building, with accommodation for 30 day pupils. These premises have now reached a stage when very considerable repairs and replacements are necessary. The school really requires re-construction in some permanent material. And the opportunity should be taken to provide accommodation for resident pupils.

The children at present attending the school are of necessity those resident in Louth and the neighbourhood. Arrangements have, however, been made for four children from other parts of the County to be boarded at the Louth Clinic premises in order that they may attend the Open-air School.

The number of children in attendance during the year was 56, the average duration of attendance was about twelve months. The majority of those in attendance showed no definite signs of disease, and were classified as malnutrition, debility or anæmia and debility. In this group there were 44 cases whose condition is attributed by the Medical Officer as being due largely to unsatisfactory home conditions, lack of proper food and rest, poverty and overcrowding. The other cases attending were heart disease 3, rheumatism 2, enlarged cervical glands 2, epilepsy 1, chorea 1, and rickets 1.

As the result of a period of attendance at this School the children have, almost without exception, shown a marked improvement frequently, not only in their physical but also in their mental condition.

The good work that is being done at Louth serves to emphasise the need for similar facilities in other parts of the County, particularly at Scunthorpe and Gainsborough.

### Physical Training.

The importance attached to this subject and the manner in which it is taught, vary very much in the different schools in the County. Much depends on the attitude of the teacher, and on his knowledge and experience of physical training. In many of the schools the value of a system of physical training properly carried out to the physical and mental development of the children is fully appreciated by the head teacher. Physical instruction in the schools is given usually under his personal direction, and on the lines suggested in the Board's Syllabus. At a number of these schools provision has also been made for folk dancing and organized games. The results are frequently visible in the improved general bearing and mental alertness of the children concerned.

On the other hand there are also many schools, where, owing to lack of knowledge or indifference on the part of the teacher, physical training as at present carried out is largely ineffective.

The services of a well qualified organiser of physical training are necessary if physical training in the schools of the County is to be carried out on efficient and uniform lines.

## Provision of Meals.

No meals were provided during the year by the Education Authority under Sec. 82–86 of the Education Act, 1921. The Authority have had under consideration the question of supplying milk daily to children in the elementary schools of the area. The managers of a number of schools at Gainsborough, Louth and Scunthorpe have, with the concurrence of the Education Committee, made arrangements to provide milk for those children willing to pay for it at the rate of 1d. per $\frac{1}{3}$ of a pint. These arrangements were instituted at the beginning of the year, and were more or less in the nature of an experiment. As a result about 1,500 children are now receiving milk daily. The Education Committee propose as far as practicable to institute similar facilities at all the elementary schools in the area.

Enquiries made at the schools to which milk is already being supplied elicited the fact that over 15 per cent. of the children did not get the milk because they were unable to pay for it. These are the children from the poorer homes, who are most likely to need an extra milk ration, and until some satisfactory means of providing it are found the scheme cannot be regarded as complete.

## School Baths.

There are no Baths provided in any of the elementary schools in the County.

## Co-operation of Parents, Teachers, School Attendance Officers and Voluntary Bodies.

PARENTS.

All parents are notified of the date and hour of medical inspection and are invited to be present when their children are being examined. Much importance is attached by the Medical Officer to the presence of the parent. He is able to obtain a more exact and detailed history of any particular defect or complaint, and moreover, if necessary, it affords him an opportunity of impressing on the parent not only the need for treatment, but also the part to be played by the parent in obtaining and carrying it out.

### Teachers.

The work of the school medical and nursing staff is very much facilitated by the assistance willingly rendered by head teachers. The head teacher takes a large share in making the preliminary arrangements for medical inspection. He is also largely responsible for the smooth working of the arrangements when the medical examinations are being conducted. He assists the medical officer and nurse in the work of following-up, while his influence in persuading the dilatory or neglectful parent to provide treatment is invaluable. He brings forward special cases, and reports for examination exceptional children who are at school, or who may be resident in the area. He also assists materially in the work undertaken in connection with the control of infectious disease. Without the assistance given by the teachers in these and other ways the effective working of the Medical Service would be very difficult, if not impossible.

### School Attendance Officers.

Attendance Officers work in close touch with the School Medical Department, and continue to render valuable help in connection with children absent from school through alleged ill-health. The work of these officers would be facilitated considerably if medical practitioners would state on the certificates of ill-health the period for which the child is to be absent from school. On a large proportion of these certificates no period whatever is stated, and consequently parents not infrequently assume that they can keep their children away indefinitely.

### Voluntary Bodies.

The Lindsey Child Welfare and Mental Welfare Association, and the Lindsey Blind Society, continue to perform useful service in co-operation with the School Medical Department.

The National Society for the Prevention of Cruelty to Children has given much help in cases of gross neglect where the parents fail to provide treatment, or where after repeated representation by the nurse the care of the children in the home continues to be very unsatisfactory.

## Blind, Deaf, Defective and Epileptic Children.

No alteration has been made in the methods adopted for ascertaining cases under this heading. Many are reported by the infant welfare staff before reaching school age. The largest number, however, are brought to notice by the school teachers when they enter the elementary schools. Those not attending school are usually reported by the school attendance officers and the voluntary bodies.

Particulars regarding these exceptional children will be found in Table III. at the end of the report.

It will be noticed that out of 83 educable mental defectives, only eight are in Special Schools. The small proportion is chiefly due to the fact that there are no institutions of this kind in the area, and cases have to be sent to schools outside the County. Owing to the shortage of accommodation in the Country generally, it is only comparatively rarely that a vacancy is obtained. Also parents frequently refuse to allow their children to be sent considerable distances from their homes.

## Nursery Schools.

There are none in the County.

## Secondary Schools.

Pupils attending secondary schools are subjected to routine medical inspection as "entrants" and "leavers." Those who have suffered from any illness since the previous inspection are brought forward by the head master or mistress for examination, while pupils found with defects at one inspection are re-examined at the subsequent inspection.

The total number of examinations in 1930 was 1,030. Of this number 777 were inspected as "entrants" or "leavers," 109 as "specials," and 921 as re-examinations. 14·4% of those examined as "entrants" or "leavers" were found to have defects requiring treatment.

## Employment of Children and Young Persons.

The Education Committee's Bye-laws provide that children under 12 years of age may not be employed. Children over 12 may be employed on certain specified duties, and at certain times, provided a certificate as to fitness for such employment is obtained from the School Medical Officer. 81 children were examined during 1930. In respect of three children who were found to be medically unfit certificates were refused.

## Medical Examination of Teachers.

Eighty-three pupil teachers and others in training for the teaching profession were medically examined by the staff during the year. 57 were passed fit at the first examination, while 24 were passed fit subject to their obtaining treatment for minor defects. Two were rejected as unfit for the teaching profession.

## TABLE 1.—RETURN OF MEDICAL INSPECTIONS.

### A.—Routine Medical Inspections, 1930.

Number of Code Group Inspections.

| | |
|---|---|
| Entrants | 4427 |
| Intermediates | 3908 |
| Leavers | 3014 |
| Total | 11349 |
| Number of other Routine Inspections | 823 |

### B.—Other Inspections.

| | |
|---|---|
| Number of Special Inspections | 896 |
| Number of Re-inspections | 12521 |
| Total | 13417 |

# TABLE II.

A. Return of defects found in the course of Medical Inspection during the year ended 31st December, 1930.

| DEFECT | | Age Groups | | Specials | |
|---|---|---|---|---|---|
| | | No. referred for treatment | Number required to be kept under observation but not referred for treatment. | No. referred for treatment | Number requiring to be kept under observation but not referred for treatment |
| **Malnutrition** | | 120 | 154 | 7 | 6 |
| **Uncleanliness** | Head | 166 | — | 12 | — |
| | Body | 17 | — | 2 | 1 |
| **Skin** | | | | | |
| Ringworm | Head | 6 | — | 3 | — |
| | Body | 4 | — | 5 | — |
| Scabies | | 11 | 1 | 3 | — |
| Impetigo | | 57 | 2 | 40 | — |
| Other Diseases (Non-Tubercular) | | 43 | 10 | 7 | — |
| **Eyes** | | | | | |
| Blepharitis | | 39 | 9 | 19 | 4 |
| Conjunctivitis | | 5 | 3 | 2 | — |
| Keratitis | | 1 | — | — | — |
| Corneal Opacities | | 2 | 2 | — | — |
| Defective Vision | | 435 | 275 | 48 | 23 |
| Squint | | 54 | 34 | 15 | 5 |
| Other Conditions | | 13 | 4 | 7 | 2 |
| **Ear** | | | | | |
| Defective Hearing | | 40 | 77 | 6 | 7 |
| Otitis Media | | 32 | 15 | 8 | 3 |
| Other Ear Diseases | | 211 | 7 | 19 | 3 |
| **Nose and Throat** | | | | | |
| Enlarged Tonsils | | 202 | 570 | 29 | 35 |
| Adenoids | | 38 | 35 | 14 | — |
| Enlarged Tonsils and Adenoids | | 363 | 134 | 21 | 3 |
| Other Conditions | | 34 | 42 | 9 | 9 |
| **Enlarged Cervical Glands (Non-Tubercular)** | | 101 | 167 | 4 | 12 |
| **Defective Speech** | | — | 24 | 1 | 3 |
| **Teeth** | | | | | |
| Dental Diseases | | 315 | 14 | 19 | 5 |
| **Heart and Circulation** | | | | | |
| Heart Disease | | | | | |
| Organic | | 7 | 64 | 2 | 6 |
| Functional | | 9 | 121 | 2 | 5 |
| Anæmia | | 106 | 74 | 19 | 15 |
| **Lungs** | | | | | |
| Bronchitis | | 140 | 127 | 8 | 5 |
| Other Non-Tubercular Diseases | | 3 | 16 | — | 7 |
| **Tuberculosis** | | | | | |
| Pulmonary | | | | | |
| Definite | | 3 | 2 | — | 2 |
| Suspected | | 4 | 29 | 2 | 6 |
| Non-Pulmonary | | | | | |
| Glands | | 2 | 5 | — | 1 |
| Spine | | — | — | 1 | — |
| Hip | | — | 1 | — | — |
| Other Bones and Joints | | — | 1 | — | 1 |
| Skin | | — | — | — | — |
| Other Forms | | 2 | 2 | — | — |
| **Nervous System** | | | | | |
| Epilepsy | | — | 11 | — | 4 |
| Chorea | | 4 | 2 | 3 | — |
| Other conditions | | 11 | 23 | 7 | 8 |
| **Deformities** | | | | | |
| Rickets | | 11 | 16 | — | 1 |
| Spinal Curvature | | 2 | — | 1 | — |
| Other Forms | | 29 | 28 | 8 | 3 |
| **Other Defects and Diseases** | | 122 | 68 | 29 | 14 |

# TABLE II.

B.—Number of individual children found at Routine Medical Inspection to require treatment. (Excluding Dental Diseases and Uncleanliness).

| Group | Number of Children. | | Percentage of Children found to require treatment |
|---|---|---|---|
| | Inspected | Found to require Treatment | |
| 1 | 2 | 3 | 4 |
| Code Groups:— | | | |
| Entrants .. .. .. | 4427 | 745 | 16·83 |
| Intermediates .. .. | 3908 | 668 | 17·09 |
| Leavers .. .. .. | 3014 | 368 | 12·21 |
| Total Code Groups .. | 11349 | 1781 | 15·69 |
| Other Routine Inspections | 823 | 138 | 16·77 |

# TABLE III.

## RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA ON 31st DECEMBER, 1930.

| | | | Boys | Girls | Total. |
|---|---|---|---|---|---|
| Blind (including partially blind). | (1) Suitable for training in a School or Class for the totally Blind | Attending Certified Schools or Classes for the Blind .. .. .. .. .. | 7 | 4 | 11 |
| | | Attending Public Elementary Schools .. | 1 | 1 | 2 |
| | | At other Institutions .. .. .. .. | — | — | — |
| | | At no School or Institution .. .. .. | — | 1 | 1 |
| | (2) Suitable for training in a School or Class for the partially Blind | Attending Certified Schools or Classes for the Blind .. .. .. .. .. | — | — | — |
| | | Attending Public Elementary Schools .. | 2 | 2 | 4 |
| | | At other Institutions .. .. .. .. | — | — | — |
| | | At no School or Institution .. .. .. | — | — | — |
| Deaf (including Deaf and Dumb and partially Deaf). | (1) Suitable for training in a School or Class for the totally Deaf or Deaf and Dumb | Attending Certified Schools or Classes for the Deaf .. .. .. .. .. | 8 | 19 | 27 |
| | | Attending Public Elementary Schools .. | — | 2 | 2 |
| | | At other Institutions .. .. .. .. | — | — | — |
| | | At no School or Institution .. .. .. | 1 | 2 | 3 |
| | (2) Suitable for training in a School or Class for the partially Deaf | Attending Certified Schools or Classes for the Deaf .. .. .. .. .. | — | — | — |
| | | Attending Public Elementary Schools .. | — | — | — |
| | | At other Institutions .. .. .. .. | — | — | — |
| | | At no School or Institution .. .. .. | 1 | — | 1 |
| Mentally Defective — Notified during the year. | Feebleminded (cases not notifiable to the Local Control Authority). | Attending Certified Schools for Mentally Defective Children .. .. .. .. | 5 | 3 | 8 |
| | | Attending Public Elementary Schools | 22 | 21 | 43 |
| | | At other Institutions .. .. .. .. | — | — | — |
| | | At no School or Institution .. .. .. | 19 | 13 | 32 |
| | 1. (i.) Children incapable of receiving benefit or further benefit from instruction in a Special School :— | | | | |
| | (a) Idiots .. .. .. .. .. .. .. | | — | — | — |
| | (b) Imbeciles .. .. .. .. .. .. | | 2 | 3 | 5 |
| | (c) Others .. .. .. .. .. .. .. | | — | — | — |
| | (ii.) Children unable to be instructed in a Special School without detriment to the interests of other children :— | | | | |
| | (a) Moral Defectives .. .. .. .. .. | | — | — | — |
| | (b) Others .. .. .. .. .. .. .. | | — | — | — |
| | 2. Feeble-minded children notified on leaving a Special School on or before attaining the age of 16 .. .. .. .. | | 1 | — | 1 |
| | 3. Feeble-minded children notified under Article 3 of the 1928 Regulations, *i.e.*, " special circumstances " cases .. .. | | — | — | — |
| | 4. Children who in addition to being mentally defective were blind or deaf .. .. .. .. .. .. .. | | — | — | — |
| Epileptic | Suffering from severe Epilepsy. | Attending Certified Special Schools for Epileptics .. .. .. .. .. | — | 1 | 1 |
| | | In Institutions other than Certified Special Schools .. .. .. .. .. | — | 1 | 1 |
| | | Attending Public Elementary Schools .. | 2 | 1 | 3 |
| | | At no School or Institution .. .. .. | 2 | 2 | 4 |
| | Suffering from Epilepsy which is not severe. | Attending Public Elementary Schools .. | 20 | 18 | 38 |
| | | At no School or Institution .. .. .. | 5 | 7 | 12 |

TABLE III.—*Continued.*

| | | | Boys | Girls | Total |
|---|---|---|---|---|---|
| | Infectious Pulmonary and Glandular Tuberculosis | At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board .. .. .. .. .. | — | 2 | 2 |
| | | At other Institutions .. .. .. .. | — | — | — |
| | | At no School or Institution .. .. .. | 2 | 1 | 3 |
| | Non-Infectious but active Pulmonary and Glandular Tuberculosis. | At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board .. .. .. .. .. | 5 | 10 | 15 |
| | | At Certified Residential Open-Air Schools .. | — | — | — |
| | | At Certified Day Open-Air Schools .. | — | — | — |
| | | At Public Elementary Schools .. .. | 21 | 25 | 46 |
| | | At other Institutions .. .. .. .. | — | — | — |
| | | At no School or Institution .. .. | 10 | 13 | 23 |
| PHYSICALLY DEFECTIVE | Delicate Children (*e.g.*, pre-or latent Tuberculosis, Malnutrition, Debility, Anæmia, etc. | At Certified Residential Open-Air Schools .. | 1 | — | 1 |
| | | At Certified Day Open-Air Schools .. .. | 7 | 12 | 19 |
| | | At Public Elementary Schools .. .. | 403 | 316 | 719 |
| | | At other Institutions .. .. .. .. | 1 | 7 | 8 |
| | | At no School or Institution .. .. | 31 | 31 | 62 |
| | Active non-pulmonary Tuberculosis. | At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board .. | 12 | 12 | 24 |
| | | At Public Elementary Schools .. .. | 25 | 8 | 33 |
| | | At other Institutions .. .. .. | — | — | — |
| | | At no School or Institution .. .. .. | 11 | 9 | 20 |
| | Crippled Children (other than those with active tuberculous disease), *e.g.*, children suffering from paralysis, etc. and including those with severe heart disease. | At Certified Hospital Schools .. .. | 2 | 1 | 3 |
| | | At Certified Residential Schools .. .. | 2 | 1 | 3 |
| | | At Certified Day Cripple Schools .. .. | — | — | — |
| | | At Public Elementary Schools .. .. | 171 | 140 | 311 |
| | | At other Institutions .. .. .. .. | 2 | 3 | 5 |
| | | At no School or Institution .. .. .. | 25 | 36 | 61 |

TABLE IV. RETURN OF ALL DEFECTS TREATED DURING THE YEAR ENDED 31st DECEMBER, 1930.

TREATMENT TABLE.

GROUP 1. Minor Ailments (excluding Uncleanliness, for which see Group 5.)

| Disease or Defect | Number of Defects treated or under treatment during the year. | | |
|---|---|---|---|
| | Under the Authority's Scheme | Otherwise | Total |
| 1 | 2 | 3 | 4 |
| *Skin* : | | | |
| Ringworm—Scalp .. .. .. | 32 | 48 | 80 |
| Ringworm—Body .. .. .. | 25 | 33 | 58 |
| Scabies .. .. .. .. .. | 48 | 30 | 78 |
| Impetigo .. .. .. .. | 546 | 336 | 882 |
| Other Skin Diseases .. .. .. | 74 | 89 | 163 |
| *Minor Eye Defects* : (External and other, but excluding cases falling in Group II.) .. | 169 | 140 | 309 |
| *Minor Ear Defects* .. .. .. | 206 | 406 | 612 |
| *Miscellaneous* : (*e.g.*, minor injuries, bruises, sores, chilblains, etc.) .. .. .. | 479 | 37 | 516 |
| Total .. .. .. | 1579 | 1119 | 2698 |

## TABLE IV.

Group II. Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I)

| Disease or Defect | Number of Defects dealt with. | | | |
|---|---|---|---|---|
| | Under the Authority's Scheme. | Submitted to refraction by private practitioner or at hospital apart from the Authority's Scheme. | Otherwise | Total. |
| 1 | 2 | 3 | 4 | 5 |
| Errors of refraction (including Squint) .. | 764 | 21 | 171 | 956 |
| Other defect or disease of the Eyes (excluding those recorded in Group I.) .. | 34 | 1 | 4 | 39 |
| Total .. .. .. | 798 | 22 | 175 | 995 |

Total number of children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme .. .. .. .. 686
(b) Otherwise .. .. .. .. .. .. 151

Total number of children who obtained or received spectacles :—

(a) Under the Authority's Scheme .. .. .. .. 546
(b) Otherwise .. .. .. .. .. .. .. 157

## TABLE IV.

### Group III. TREATMENT OF DEFECTS OF NOSE & THROAT.

| NUMBER OF DEFECTS. | | | | |
|---|---|---|---|---|
| Received Operative Treatment. | | | Received other forms of Treatment. | Total Number Treated. |
| Under the Authority's Scheme in Clinic or Hospital | By Private Practitioner or Hospital apart from the Authority's Scheme. | Total. | | |
| 1 | 2 | 3 | 4 | 5 |
| 377 | 205 | 582 | 242 | 824 |

## TABLE IV. Group IV. Dental Defects.

1. Number of children who were :—

(*a*) Inspected by the Dentist—

| | *Aged* | | |
|---|---|---|---|
| Routine Age Groups | 5 | .. | 100 |
| | 6 | .. | 1125 |
| | 7 | .. | 1034 |
| | 8 | .. | 816 |
| | 9 | .. | 460 |
| | 10 | .. | 508 |
| | 11 | .. | 292 |
| | 12 | .. | 228 |
| | 13 | .. | 259 |
| | 14 | .. | 84 |

Total 4906

| | |
|---|---|
| Specials .. .. .. .. .. .. .. | 1071 |
| Grand Total .. .. .. .. .. .. | 5977 |

| | |
|---|---|
| (*b*) Found to require treatment .. .. .. .. .. | 5378 |
| (*c*) Actually treated .. .. .. .. .. .. | 5285 |
| (*d*) Re-treated during the year as the result of periodical examination .. .. .. .. .. .. | 3309 |
| 2. Half days devoted to inspection and treatment .. .. .. | 808½ |
| 3. Attendances made by children for treatment .. .. .. | 5344 |

| | | | | |
|---|---|---|---|---|
| 4. Fillings | Permanent Teeth | 1018 | Total | 1468 |
| | Temporary Teeth | 450 | | |
| 5. Extractions | Permanent Teeth | 976 | Total | 9684 |
| | Temporary Teeth | 8708 | | |

6. Administration of general anæsthetics for extractions 288

| | | | | |
|---|---|---|---|---|
| 7. Other Operations | Permanent Teeth | 1049 | Total | 5737 |
| | Temporary Teeth | 4688 | | |

## TABLE IV.

### Group V.—Uncleanliness and Verminous Conditions.

| | |
|---|---|
| 1. Average number of visits per school made during the year by school nurses .. .. .. .. .. .. | 3·70 |
| 2. Total number of examinations of children in the schools by school nurses .. .. .. .. .. .. | 73688 |
| 3. Number of individual children found unclean .. .. .. | 2032 |
| 4. Number of children cleansed under the arrangements made by the Local Education Authority .. .. .. | — |
| 5. Number of cases in which legal proceedings were taken .. | — |
| (*a*) Under the Education Act, 1921 .. .. .. | — |
| (*b*) Under the School Attendance Bye-Laws .. | — |

# Secondary Schools.

TABLE 1.—RETURN OF MEDICAL INSPECTIONS.

A.—Routine Medical Inspections.

Number of Code Group Inspections.

| | |
|---|---|
| Entrants | 587 |
| Intermediates | — |
| Leavers | 190 |
| Total | 777 |

| | |
|---|---|
| Number of other Routine Inspections | — |

B.—Other Inspections.

| | |
|---|---|
| Number of Special Inspections | 109 |
| Number of Re-Inspections | 921 |
| Total | 1030 |

# TABLE II.

## A. Return of Defects found in the course of Medical Inspection during the year ended 31st December, 1930.

| DEFECT | Age Groups | | Specials | |
|---|---|---|---|---|
| | No. referred for treatment. | No. requiring to be kept under observation but not referred for treatment. | No. referred for treatment. | No. requiring to be kept under observation but not referred for treatment. |
| **Malnutrition** | 3 | 14 | 1 | 5 |
| **Uncleanliness** Head | — | — | — | — |
| Body | — | — | — | — |
| **Skin** | | | | |
| Ringworm Head | — | — | — | — |
| Body | — | — | — | — |
| Scabies | — | — | — | — |
| Impetigo | — | — | — | — |
| Other Diseases (Non-Tubercular) | 1 | — | 1 | 1 |
| **Eyes** | | | | |
| Blepharitis | 1 | 2 | 2 | — |
| Conjunctivitis | — | — | — | — |
| Keratitis | — | — | — | — |
| Corneal Opacities | — | — | — | — |
| Defective Vision | 41 | 46 | 11 | 3 |
| Squint | 2 | 1 | — | 1 |
| Other conditions | — | — | — | — |
| **Ear** | | | | |
| Defective Hearing | 2 | — | — | — |
| Otitis Media | 2 | — | — | — |
| Other Ear Diseases | 12 | 2 | — | 1 |
| **Nose and Throat** | | | | |
| Enlarged Tonsils | 25 | 38 | 5 | 6 |
| Adenoids | 2 | 2 | 1 | 1 |
| Enlarged Tonsils and Adenoids | 2 | 2 | — | — |
| Other conditions | 2 | 2 | — | 2 |
| **Enlarged Cervical Glands (Non-Tubercular)** | 1 | 4 | — | 3 |
| **Defective Speech** | — | — | — | — |
| **Teeth** | | | | |
| Dental Diseases | 31 | 2 | 3 | — |
| **Heart and Circulation** | | | | |
| Heart Disease | | | | |
| Organic | 4 | 8 | — | 1 |
| Functional | — | 10 | 1 | 2 |
| Anæmia | 8 | 3 | 1 | 3 |
| **Lungs** | | | | |
| Bronchitis | 1 | 3 | — | 1 |
| Other Non-Tubercular Diseases | — | 3 | — | — |
| **Tuberculosis** | | | | |
| Pulmonary | — | — | — | — |
| Definite | — | — | — | — |
| Suspected | — | 1 | — | — |
| Non-Pulmonary | | | | |
| Glands | — | 1 | — | — |
| Spine | — | — | — | — |
| Hip | — | — | — | — |
| Other Bones and Joints | — | — | — | — |
| Skin | — | — | — | — |
| Other Forms | — | — | — | — |
| **Nervous System** | | | | |
| Epilepsy | — | — | — | — |
| Chorea | — | 1 | 1 | — |
| Other conditions | 1 | 6 | — | — |
| **Deformities** | | | | |
| Rickets | 2 | 3 | — | — |
| Spinal Curvature | 1 | 1 | — | — |
| Other Forms | 2 | 6 | — | — |
| **Other Defects and Diseases** | 3 | 1 | — | 4 |
| **Number of Normal Children** | 135 Boys | | 77 Girls | |

# TABLE II.

B.—Number of individual children found at Routine Medical Inspection to require treatment (excluding Dental Diseases and Uncleanliness).

| Group | Number of Children | | Percentage of Children found to require treatment |
|---|---|---|---|
| | Inspected | Found to require treatment | |
| 1 | 2 | 3 | 4 |
| Entrants .. .. .. | 587 | 92 | 15·68 |
| Intermediates .. .. | — | — | — |
| Leavers .. .. .. | 190 | 20 | 10·52 |
| Total Code Groups .. .. | 777 | 112 | 14·41 |

Defects reported to have been treated after re-examination in 1930.

| | |
|---|---|
| **Malnutrition** | — |
| **Uncleanliness** | |
| Head | — |
| Body | — |
| **Skin** | |
| Ringworm Head | — |
| Body | 1 |
| Scabies | — |
| Impetigo | — |
| Other Diseases (Non-Tubercular) | — |
| **Eye** | |
| Blepharitis | 7 |
| Conjunctivitis | — |
| Keratitis | — |
| Corneal Opacities | — |
| Defective Vision | 41 |
| Squint | — |
| Other conditions | — |
| **Ear** | |
| Defective Hearing | — |
| Otitis Media | 5 |
| Other Ear Diseases | 10 |
| **Nose and Throat** | |
| Enlarged Tonsils | 37 |
| Adenoids | — |
| Enlarged Tonsils and Adenoids | 2 |
| Other conditions | 6 |
| **Enlarged Cervical Glands (Non-Tubercular)** | 1 |
| **Defective Speech** | — |
| **Teeth** | |
| Dental Diseases | 57 |
| **Heart and Circulation** | |
| Heart Disease | |
| Organic | — |
| Functional | 2 |
| Anæmia | 15 |
| **Lungs** | |
| Bronchitis | 2 |
| Other Non-Tubercular Diseases | 4 |
| **Tuberculosis** | |
| Pulmonary | |
| Definite | — |
| Suspected | 1 |
| Non-Pulmonary | |
| Glands | — |
| Spine | — |
| Hip | — |
| Other Bones and Joints | — |
| Skin | — |
| Other Forms | — |
| **Nervous System** | |
| Epilepsy | — |
| Chorea | — |
| Other conditions | — |
| **Deformities** | |
| Rickets | 1 |
| Spinal Curvature | 4 |
| Other Forms | 7 |
| **Other Defects and Diseases** | 5 |

SCHOOL OF HYGIENE
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& TROPICAL DISEASES